ST	ATE OF SOI	UTH CAROLINA	7513	
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo) BEFORE THE) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA)	
Request to amend name on Class C Taxi Certificate) TRANSPORTATION COVER SHEET)	
Julius Baylock DBA J & B Limo-Taxi			DOCKET NUMBER: 1994 - 190 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.	
	use type or print)		Telephone 843-729 - 220 /	
	omitted by: dress:	Julius Baylock 179 Bob's Corner	Telephone: 7\\ 843-729-2201 Fax: \$\\ 843-797-0255	
PAG	VGD1	Monck's Corner, SC 29461	Other:	
			Email: (RAGI Dontster (a) & Mail Con	
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply)				
	Application -	- Class C Taxi	Request to Amend Scope of Authority	
	Application -	- Class C Charter	Request to Amend Tariff (rate increase, etc.)	
	Application -	- Class C Charter Bus	Request to Amend Passenger Limit	
	Application -	- Class C Non-Emergency	Request	
	Application -	- Class E Household Goods	Exhibit	
	Application -	- Class E Hazardous Waste	Late-Filed Exhibit	
	Application	% .	Letter	
	Request for F	ixtension to Comply with Order	Proposed Order	
		Order Granting Authority to Obtain Certificate inlence and Necessity to Be Rescinded	of Publisher's Affidavit	
	Request for C	Cancellation of Certificate	Reservation Letter	
	Request for S	uspension	Response	
	Request for Reinstatement		Return to Petition	
	Request for N	lame Change on Certificate	Other:	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM			
File the original with:	Mall or fax a copy to:		
Public Service Commission of South Carolin Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 ~ 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815		
DATE: <u>June 30, 2014</u>			
I have the following Certificate:			
Class C Taxi # 6181-A Class C Cha	rter#Class C Charter Bus #		
Class C Non-Emergency #			
Please consider this as my request for the follow	owing amendment(s) to my Certificate:		
Name Change			
From: Julius Baylock	DBA: J & B Limo-Taxi		
(Current Name)	(Current DBA if applicable)		
TO: Barbara Dantzler	DBA: B & D Taxi		
(New Name)	(New DBA if applicable)		
Scope of Authority			
From: N/A (Current Scope)	(New Scope)		
	(New Scope)		
From: N/A	То:		
(Current Limit Number)	(New Limit Number)		
New: Barbara Dantzier DBA B & D Taxi	179 Bob's Corner Dr		
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)		
Moncks Corner, SC 29461	De Doubre Mh otale		
(City, State, Zip Code)	(Signature)		
843-871-3950	Rosel Dulana Warden		
(Telephone Number)	(Title) Owner, President, etc.		

Revised 3-2-10